Osteoporosis

Select Pharmacy

Avita
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DATE: _____ **NEEDS BY DATE:** _____ **SHIP TO:** ❑ PATIENT ❑ OFFICE - FIRST DOSE ❑ OFFICE - ALL DOSES ❑ OTHER _____

PATIENT INFORMATION

Patient Name		
Address		
City	State	Zip
Main Phone	Alternative Phone	❑ Male ❑ Female
Social Security #		Date of Birth

PRESCRIBER INFORMATION

Prescriber Name		
Prescriber Type	❑ Physician (MD or DO) ❑ Nurse Practitioner ❑ Physician's Assistant	
Supervising Physician (If prescriber is a NP or PA)		
DEA #	NPI #	Tax ID #
Address		
City	State	Zip
Phone	Fax	
Contact Person		

INSURANCE: PLEASE FAX BOTH SIDES OF PRESCRIPTION CARD AND MEDICAL CARD

CLINICAL INFORMATION

Diagnosis: ❑ M81.0 Osteoporosis ❑ Other: _____ ❑ ICD-10:

Patient Weight	Patient Height	T-Score Result	Location
Patient Allergies			
Fracture History			
Other Notes:			

Follow Up With Prescriber: ❑ 3 Months ❑ 6 Months ❑ 9 Months ❑ 12 Months

FAILED PRIOR MEDICATIONS	DISCONTINUATION REASON

PRESCRIPTION INFORMATION			QUANTITY	REFILLS
❑ Forteo ®	600ug/2.4mL Pen	Inject 20ug (0.08mL) subcutaneously once daily	_____	_____
❑ Prolia®	60mg/mL Pen	Inject 60mg (1mL) subcutaneously once every 6 MONTHS	_____	_____
❑ Tymlos®	3120ug/1.56mL Pen	Inject 80ug (0.04mL) subcutaneously once daily	_____	_____
❑ Reclast® (Zoledronic Acid)	5 mg	❑ Infuse 5 mg every year ❑ Infuse 5 mg every 2 years		
❑ Pen Needles	31 Gauge 5mm	Use as directed with pens	_____	_____
❑ Other	_____	_____	_____	_____

Dispense As Written (no stamps) **Date** **Substitution Permitted** (no stamps) **Date**

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.
2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.
3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.
4. Prescribers must comply with any of their state-specific prescription requirements.